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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 45069 7590 10/02/2006 Certificate of Mailing or Transmission FRED ZOLLINGER III I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimite transmitted to the USPTO (571) 273-2885, on the date indicated below. P.O. BOX 2368 NORTH CANTON, OH 44720 -10/20/2005 AUSKANZ 00000054 10353471 Zollinger 700.00 CF 01_EC:2501 02.FC+1504 300.00 02 3:00 OP 03-FC-8001 (Duto APPLICATION NO FILLNG DATE PIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 05/17/2005 Clifford A. Lowe IN002C0NUSB 3940 TITLE OF INVENTION: LANE MARKER MASKING SYSTEM APPLN, TYPE SMALL ENTITY ISSUE FEE DUR PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$300 \$0 \$1000 01/02/2007 **EXAMINER** ART UNI'S CLASS-SUBCLASS ADDIE, RAYMOND W 3671 404-075000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1 <u>Collinger &</u> (1) the names of up to 3 registered patent attorneys or agents OR, ulternatively, (2) the name of a single firm (having as member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 700.00 CP listed, no name will be printed. ON NO COL RP FC:1504 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Z OR OD 03 FC:8001 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNER (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignoe category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown shove) 🗷 Issue Fee A check is enclosed. D Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. 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